

IOWA CIVIL RIGHTS COMMISSION COMPLAINT FORM

Complaint of Discrimination under Iowa Code Chapter 216, "Iowa Civil Rights Act of 1965"
NOTE: A copy of this complaint will be sent to the Organization or person you are filing against.

(AGENCY USE ONLY)	
ICRC CP# _____	Iowa Civil Rights Commission
Local Commission# _____	400 East 14th Street
EEOC# _____	Des Moines, IA 50319-0201
515-281-4121 / 800-457-4416 / Fax: 515-242-5840 / http://www.state.ia.us/government/crc	

(TYPE OR PRINT)

1. What is your legal name? _____

2. What is your mailing address? _____

City: _____ State: _____ Zip Code: _____

3. Telephone #: _____

4. Your date of birth? _____ Your sex? _____

Your Race? _____ Your National Origin? _____

5. Check the reason for the discrimination. (I was discriminated against because of my ...)

RACE	Black White Asian American Indian Other (please identify): _____
NATIONAL ORIGIN	Hispanic Mexican East Indian Arab/Afghani/Middle Eastern Other (please identify): _____
SEX	Female Male
SEXUAL ORIENTATION	Heterosexual Gay Lesbian Bisexual
GENDER IDENTITY	
PREGNANCY	
DISABILITY (Real or Perceived)	Physical Mental
RELIGION/CREED	Please Identify: _____
COLOR	Light skinned Dark skinned
AGE (Employment or Credit only)	
FAMILIAL STATUS (Housing or Credit only)	Presence of children
MARITAL STATUS (Credit only)	
RETALIATION	Because I filed a prior civil rights complaint, opposed a discriminatory practice or participated as a witness in an anti-discrimination proceeding.

6. Please check the **AREA** in which the discrimination occurred.

Employment
Education

Public Accommodation
Credit

Housing
Retaliation

7. Please check the **ACTION** that the Organization took against you. (Check all that apply)

Demotion
Denied Accommodation/Modification
Denied Benefits
Denied Financial Services/Credit
Denied Service
Disciplined/Suspended
Eviction
Failure to Hire
Failure to Promote
Failure to Rent

Failure to Train
Forced to Quit/Retire
Harassment
Laid-Off/ Failure to Recall
Reduced Hours
Reduced Pay
Sexual Harassment
Terminated
Undesirable Assignment/Transfer
Unequal Pay

Other: _____

8. What is the Full Legal Name of the **Organization** that discriminated against you?
[This Organization will be charged with discrimination and will be given a copy of your complaint.]

What is their mailing address?

City: _____ County: _____

State: _____

Zip Code: _____ Telephone #: (_____) _____ - _____

9. If the organization listed in #8 has a **Parent Organization** or **Corporate Office** list it here.
[This Organization will also be charged with discrimination and will be given a copy of your complaint.]

What is their mailing address? _____

City: _____ State: _____

Zip Code: _____ Telephone #: (_____) _____ - _____

10. Where did the discrimination occur?

City: _____ County: _____ State: _____

Address: _____

11. What does the organization do? What services does the organization provide?

12. If Employment is the Area, give approximate number of ALL employees (full-time & part-time) at ALL employer locations nationwide (**REQUIRED**): _____

4-14

15-19

20-100

101-200

201-500

500+

13. Have you filed this complaint with any other Federal, State, or Local anti-discrimination agency? Yes No

If yes, what agency? _____ When? _____

14. If you are claiming harassment, who harassed you?

[This person will be charged with discrimination and will be given a copy of your complaint.]

Name: _____

Title: _____

Work or Home Address: _____

Name: _____

Title: _____

Work or Home Address: _____

Name: _____

Title: _____

Work or Home Address: _____

15. What was the **date** of the **MOST RECENT** discriminatory incident? (Month Day, Year)

16. If Employment is the Area, what is your hire date or application date?

_____ (Month Day, Year)

Are you still employed by the **Organization** listed in #8? Yes No

If no, **when** did your employment **end**? _____ (Month Day, Year)

If no, **how** did your employment end? Terminated Quit

17. BRIEF SUMMARY OF ALLEGATIONS. Please state why you feel your basis/ bases was/were a factor in how you were treated. Please be sure to address each action you checked in Question #7. (Please DO NOT identify **people** who may be **witnesses** in support of your complaint.) *(Please read the instructions before writing your brief summary.)*

I certify under penalty of perjury and pursuant to the laws of the State of Iowa and the laws of the United States of America that the preceding charge is true and correct.

X _____
Signature of Complainant **Date**

Intaker Name: Larry Phone: **1-800-457-4416**; option 9; ext. 1-4430 or 515-281-4430.

Intaker Name: Kerry Phone: **1-800-457-4416**; option 9; ext. 1-4437 or 515-281-4437.